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ORIGINAL

Ellen Wolfhagen  
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July 27, 1999

Ms. Magalie Roman Salas  
Secretary  
Federal Communications Commission  
445 12th Street, S.W.  
12<sup>th</sup> Street Lobby  
TW-A325  
Washington, D.C. 20554

RECEIVED  
JUL 27 1999  
FEDERAL COMMUNICATIONS COMMISSION  
OFFICE OF THE SECRETARY

In re: Notice of Ex Parte Presentation in Request of  
HOUGHTON LAKE (MI) PUBLIC LIBRARY  
for Review of Decision of Universal Service  
Administrator, CC Docket Nos. 97-21 and 96-45

Dear Ms. Salas:

Attached are FCC FORM 470, FCC FORM 471, supporting documentation and correspondence submitted to the Schools and Libraries Division by Houghton Lake Public Library concerning their application under Subpart F of Part 54 of the Commission's Rules.

In accordance with Commission rules I am submitting two copies of this notice to the Office of the Secretary in each docket. Please acknowledge receipt hereof by affixing a notation on a duplicate copy of this letter furnished herewith for such purposes and remitting same to the bearer.

Sincerely,



Ellen Wolfhagen  
Counsel  
Schools and Libraries Division

cc: Dorothy Atwood  
Bill Bailey  
Kyle Dixon  
Linda Kinney  
Beth Valinoti  
Matt Vitale  
Sarah Whitesell  
Sharon Webber  
Houghton Lake Public Library

No. of Copies rec'd 075  
List A B C D E

FCC Form

Approval by OMB  
3060-0806**470**

## Schools and Libraries Universal Service Description of Services Requested and Certification Form

Estimated Average Burden Hours Per Response: 6.0 hours

This form is designed to help schools and libraries describe the eligible telecommunications-related services they seek so that this data can be posted on a website and interested service providers can identify the applicant as a potential customer and compete to serve it.

Please read instructions before completing.

(To be completed by entity that will negotiate with providers.)

### Block 1: Applicant Address and Identifications

(School, library, or consortium desiring Universal Service funding.)

Posting Date:
Allowable Contract Date: <b>04/01/1998</b>
Certification Received Date: <b>03/09/1998</b>

<b>1. Name of Applicant:</b> <b>HOUGHTON LAKE PUBLIC LIBRARY</b>	<b>2. Funding Year:</b> <b>01/01/1998 - 06/30/1999</b>
<b>3a. NCES School Code (if individual school) Or NCES Library Code (if individual library)</b> State: - District: - School/Library:	
<b>3b. Universal Service Control Number:</b> <b>736800000058071</b>	<b>3c. Applicant ID Number:</b> <b>153575</b>
<b>4a. Type Of Applicant</b> <i>(Check only one box.)</i> <input type="radio"/> school <input type="radio"/> school district <input checked="" type="radio"/> library or library consortium under the LSTA <input type="radio"/> consortium of multiple entities	
<b>4b. If Applicant is a consortium, check all other boxes that apply:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> includes non-governmental entities ineligible for support  <input type="checkbox"/> entity desires separate bills for each member of consortium  <input type="checkbox"/> entity desires separate bills for some members of consortium  <input type="checkbox"/> region of a state    <input type="checkbox"/> statewide    <input type="checkbox"/> multi-state         </div> <div style="width: 35%;"> <input type="checkbox"/> state educational agency  <input type="checkbox"/> local educational agency  <input type="checkbox"/> educational service agency         </div> </div>	

### 5. Applicant's Street Address, P.O.Box, or Route Number

Street: <b>4431 W HOUGHTON LAKE DR</b>			
City: <b>HOUGHTON LAKE</b>	State: <b>MI</b>	Zip Code 5Digit: <b>48629</b>	Zip Code 4Digit:
Telephone number    Ext: <b>(517) 3669230</b>		E-mail Address:	

### 6. Contact Person's Name: Kim S. Frazho

Street Address, P.O.Box, or Route Number (if different from Item 5)

Street: <b>4431 West Houghton Lake Drive</b>			
City: <b>Houghton Lake</b>	State: <b>MI</b>	Zip Code 5Digit: <b>48629</b>	Zip Code 4Digit:

Fill in all of the following (if available), and check the preferred mode of contact:

<input checked="" type="radio"/> Telephone Number    Ext: <b>(517) 366    9230</b>	<input type="radio"/> Fax Number    Ext: <b>0</b>	<input type="radio"/> E-mail address:	<input type="radio"/> Mail:
---	--	---------------------------------------	-----------------------------

### Block 2: Other Characteristics Of Applicant

7a. Number of students:	7b. Number of library patrons: 12000
8. Number of buildings to be served: 1	9. Number of rooms to be served: 3

**Block 3: Summary Description of Needs or Services Requested**

10. ☒ Check if applicant seeks discounts only for eligible services based on one or more existing, binding contract(s) and proceed to Block 4.

Sequence #	Date Contract Signed	Contract Termination Date		
12657	01/29/0098	12/31/0098		

11. ☐ Check here if you have a Request for Proposal(RFP) available. If RFP is posted on a website, provide the website address

(1)	(2)	(3)	(4)	(5)
	Existing Services	Additional Services Desired	Total Services Desired	Details (Optional)
<b>12. Telecommunications Services</b>				
a. Number of phones that have or require service (See instructions concerning extension phones and fax machines.)				
b. Number of computers that have or require service				
c. Number of high bandwidth video conferencing links				
d. Specify other (Optional)				
<b>13. Internal Connections</b>	<b>Existing</b>	<b>Additional</b>	<b>Total</b>	<b>Details</b>
a. Number of buildings with at least some rooms connected				
b. Number of rooms connected				
c. Highest Speed of connection				
d. Specify other (Optional)				
<b>14. Internet Access</b>	<b>Existing</b>	<b>Additional</b>	<b>Total</b>	<b>Details</b>
a. Number of dial up connections necessary				
b. Highest speed of dial up connections				
c. Number of direct connections necessary				
d. Highest speed of such direct connections				
e. Specify other (Optional)				
15. You may provide additional summary information about the services you are requesting to help service providers identify your needs more precisely. You may provide technical requirements or give an informal description of your telecommunications-related goals.				
16. <input type="checkbox"/> Check here if there are any restrictions imposed by state or local laws or regulations on how and when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures. You may attach restrictions or give website where they are posted.				
17. Purchases in future years: If you have current plans to purchase additional services in future years, describe them below (Providing this information is optional.)				

**Block 4: Technology Assessment**

18. Although the following services and facilities are ineligible for support, they are usually necessary if schools and libraries are to make effective use of the eligible services requested in this application.  
*(If your application is only for basic voice telephone service, check this box*  
☐ *and go to Item 19. Otherwise, you must check at least one box in each of the other lines. You may provide details for purchases being sought.)*

- a. Desktop communications software: Software required ☒ has been purchased; and/or ☒ is being sought.
- b. Electrical systems: ☐ adequate electrical capacity is in place or has already been arranged; and/or ☒ upgrading for additional electrical capacity is being sought.
- c. Computers: a sufficient quantity of computers ☐ has been purchased; and/or ☒ is being sought.
- d. Computer hardware maintenance: adequate arrangements ☐ have been made; and/or ☒ are being sought.
- e. Staff development: ☒ all staff have had an appropriate level of training or additional training has already been scheduled; and/or ☒ training is being sought.
- f. Additional details: Use this space to provide additional details to help providers to identify the services or facilities you desire.

### Block 5: Listing Consortium Participants

- 19. Eligible Entities:** (Billed Entities.) If applicant is an individual school or a library or a school district or a library system that will receive only one bill, it should only fill in the first row of this chart. If applicant is a consortium of multiple billed entities, then it should fill out a row for each billed entity. (Applicant may attach additional pages.)

Billed Entity	Billed Entity's Zip Code	Billed Entity Code (Inserted by Administrator)	Zip Code(s) of Recipients of Service
HOUGHTON LAKE PUBLIC LIBRARY	48629	131112	48629

**20. Entities Ineligible for Schools and Libraries Discount:**

Name of Entity	Zip Code(s) of Recipients of Service	Contact Person	Phone Number, E-mail Address, or Alternative Preferred Contact Method
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### Block 6: Certifications and Signature

**21. The applicant includes:(Check one or both)**

a. ☐ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

b. ☒ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school(including, but not limited to) elementary and secondary schools, colleges, and universities.

**22. All of the individual schools, libraries, and library consortia listed above in item 19 are covered by:**

a. ☒ individual technology plans and/or

b. ☐ higher-level technology plans for using the services requested in this application(if those services consist of other than voice services).

**23. Status of technology plan(check one):**

a. ☒ Technology plan(s) has/have been approved; or

b. ☐ Technology plan(s) will be approved by a state or other authorized body; or

c. ☐ Technology plan(s) will be submitted to Schools and Libraries Corporation for approval.

24. <input checked="" type="checkbox"/> I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
25. <input checked="" type="checkbox"/> I recognize that support under this program is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.
26. <input checked="" type="checkbox"/> I certify that I am authorized to submit this request on behalf of the above-named applicant, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
29. Printed name of authorized person Donna J. Alward
30. Title or position of authorized person Director

[New Search](#)[Return To Search Results](#)

**FRN:** 49689**SPIN:** 143004331**Srvc Prvdr:** Merit Network Inc.**Status:** DENIED**Srvc Ordered:** DEDICATED SERVICES**Contract No:** T**Eff Date of Disc:** 04/24/1998**Contr Exp Date:****Est Tot Annual Pre-disc Cost:**  
\$68,775.00**Funding Commitment:** \$.00**Discount Percentage:** 74%**PIA Reason Code:** Svcs. not requested on F. 470**PIA Last User ID:** SPARIKH**Fund Cmnt Dec Expl:** The type of service requested was not posted to the SLC website and thus did not meet the 28 day competitive bidding requirement.**PIA Last Update Date:** 12/30/1998

471

# Schools and Libraries Universal Service Services Ordered and Certification Form

KANS 040

Estimated Average Burden Hours Per Response: 6 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Schools and Libraries Corporation can set aside sufficient support to reimburse providers for services.

Please read instructions before completing.

(To be completed by each Billed Entity)

Block 1: Applicant Address and Identifications (School, library, or consortium desiring Universal Service funding.)

1. Name of Applicant (Billed Entity) HOUGHTON LAKE Public Library 2. Funding Year 1998

3a. NCES School Code (if individual school) or NCES Library Code (if individual library)

3b. 471 Application Number (Administrator will insert this)

3c. Billed Entity Number

4a. Type of Applicant

(Check only one box.)

- ☐ school  
☐ school district  
☒ library or library consortium under the LSTA  
☐ consortium of multiple entities

4b. If applicant is a consortium, check all other boxes that apply:

- ☐ includes non-governmental entities ineligible for support  
☐ region of a state ☐ statewide ☐ multi-state  
☐ state educational agency  
☐ local educational agency  
☐ educational service agency

5. Applicant's Street Address, P.O. Box, or Route Number 4431 W. HOUGHTON LAKE DR.

City

HOUGHTON LAKE

State

MI

Zip Code

48629

Telephone Number

517-366-9230

E-mail Address

6. Contact Person's Name Kim S. Frazho

Street Address, P.O. Box, or Route Number (if different from Item 5)

City

State

Zip Code

Fill in all of the following (if available), and check the preferred mode of contact: ☐ Telephone 517-366-9230  
☒ FAX 517-366-0063 ☐ E-mail kfr4zho@freeway.net ☐ Mail

## Block 2: Purpose of Request

7. Purpose of Request: (Check all that apply, if any.)

- a. ☒ Discount on contract(s) signed prior to a request being posted on the Administrator's website.  
 Was an FCC Form 470 filed with regard to all the contract(s)? ☒ Yes ☐ No
- b. ☐ Discount on contract(s) signed after a request being posted on the Administrator's website.
- c. ☐ Minor modification or supplement to existing contract(s) for which a Form 471 was already filed.  
 471 Application Number \_\_\_\_\_

## Block 3: Characteristics of Applicant and Applicant's Service Order (derived from FCC Form 470 Blocks 2 &amp; 3)

8a. Number of students

NA

8b. Number of library patrons

12,000

9. Number of buildings to be served

1

10. Number of rooms to be served

3Existing  
ServiceTotal Services  
After Order

Contact Person's Name Kim S. Franzo and Phone Number: 517.366.9230

<b>11. Telecommunications Services</b>			
a. Number of phones that have or require service (See instructions concerning extension phones and fax machines.)		3	4
b. Number of computers that have or require service		0	18
c. Number of high bandwidth video conferencing links		0	0
<b>12. Internal Connections</b>			
a. Number of buildings with at least some rooms connected		0	1
b. Number of rooms connected		0	3
c. Highest speed of connection		0	
<b>13. Internet Access</b>			
a. Number of dial up connections		0	0
b. Highest speed of such dial up connections		0	0
c. Number of direct connections		0	
d. Highest speed of such direct connections		0	128 kbps

**Block 4: Determining Discount Percentage**

14. Fill in one line per school, library, or library consortium and calculate in the last line, an average discount rate for the billed entity. Attach additional pages if necessary. *Note: If the applicant has already completed this chart for all of the same entities with data that is current, provide the "471 Application Number" (Item 3b), from that previous FCC Form 471 here:*

(1) Name of Individual School or Library	(2) NCES or Comparable Code for School or Library (Obtain from Administrator)	(3) Urban or Rural	(4) <u>For Schools:</u> Number of Students <u>For Libraries:</u> NCES Code of a School in its District	(5) <u>For Schools:</u> Number of Students Eligible for National School Lunch Program	(6) Discount Calculated from Discount Matrix	(7) Check if School or Library will use "Shared Services" listed in Item 15.
HOUGHTON LAKE PUBLIC Library	NONE	Rural	26-18600		74%	<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
FOR SHARED SERVICES ORDERED BY BILLED ENTITY (attach worksheet of calculations)						



Contact Person's Name Kim S. Frazho and Phone Number: 517-366-9230

16. "Site Specific" Services: Internal connections not shared by multiple schools or libraries and dedicated ("private line") connections from only one school or library to an ISP or other end-user.

(1)	(2)	CONTRACT			(6)	(7)	Amount (See instructions about rounding)			(11)	(12)
SLC Number of Service Provider (Obtain from Service Provider)	Universal Service Control Number for Form 470 on which this is based	(3) Contract Number (if applicable)	(4) Award Date	(5) Expira- tion Date	Services or Products	Service Start Date	(8) Estimated One Time Pre-discount Cost	(9) Estimated Monthly Pre-discount Cost	(10) Estimated Total Annual Pre- discount Cost	Percent- age Dis- count (from Item 14)	School or Library Code (Listed on website)
143004331	7365000000 58071	NA	1/29/98	12/31/98	Dedicated Services	4/24/98	1477 <sup>00</sup>	9614 <sup>00</sup>	11,091 <sup>00</sup>	74%	
					Internal Connections						
					Dedicated Services						
					Internal Connections						
					Dedicated Services						
					Internal Connections						
					Dedicated Services						
					Internal Connections						
					Dedicated Services						
					Internal Connections						

Contact Person's Name Kim S. Frazho and Phone Number: 517-366-4230

17. ☒ Check this box to confirm that, for each service provider listed in 15 and 16, above, a list is attached (as an appendix to this form) of all of the services that each service provider is providing to the billed entity. Service providers should provide these lists on request.

18. a. Total dollars of support allocated for this application for the entire funding year (calculated by administrator)

b. Amount of support set aside for this application for the first six months of the year (calculated by administrator)

19. Provide the total estimated cost (pre-discount price) for the services you expect to order in the funding year following the one for which you are applying here. (This figure is not binding.) \$11,000

20. Is your order solely for basic telephone service? ☐ Yes ☒ No

**Block 6: Certifications and Signature**

21. The applicant is eligible for support because it includes: (Check one or both.)
- a. ☐ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
  - b. ☒ libraries or library consortia eligible for assistance from a state library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools', including, but not limited to, elementary and secondary schools, colleges, or universities.
22. The school(s) or library(ies) I represent have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
23. All of the individual schools, libraries, and library consortia listed above in items 15 and 16 are covered by:
- a. ☒ an individual; and/or
  - b. ☐ higher-level technology plan(s) for using the services requested in this application (if those services consist of other than voice services).
24. Status of technology plans (check one):
- a. ☒ Technology plan(s) has/have been approved; or
  - b. ☐ Technology plan(s) will be approved by a state or other authorized body; or
  - c. ☐ Technology plan(s) will be submitted to Schools and Libraries Corporation for approval.
25. I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurements of services for which support is being sought.
26. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
27. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service receive an appropriate share of benefits from those services.
28. I recognize that I may be audited pursuant to this application and will retain for five years any and all worksheets and other records that I rely upon to fill out this application.
29. I certify that I am authorized to submit this request on behalf of the above-named institution, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

30. Signature Donna J. Alward

31. Date 4-13-98

32. Printed name of authorized person Donna J. Alward

33. Title or position of authorized person Director

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Contact Person's Name

Kim S. Frazho

and Phone Number:

517-346-9230

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communication Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation of potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

With the exception of your social security number, if you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554..

This form should be submitted to: **Schools and Libraries Corporation**  
**P.O. Box 4217**  
**Iowa City, Iowa 52244-4217**  
**1-888-203-8100**

# HOUGHTON LAKE PUBLIC LIBRARY

RECEIVED

JAN 25 P 4:23



"A Public Library -- Open to All"

4431 W. Houghton Lake Drive  
Houghton Lake, MI 48629  
(517) 366-9230

January 20, 1999

Contact Person: Kim S. Frazho  
4431 West Houghton Lake Drive  
Houghton Lake, MI 48629  
Phone 517.366.9230  
Fax 517.366.0063  
Email kfrazho@hlpl.lib.mi.us

APP 52629

Application Number 00052629  
Funding Request Number 00049689  
Billed Entity Number 131112

We are appealing the decision made by the SLD to not fund the Internet connectivity as requested. The following is a line by line clarification of the errors and misinformation used to reach this decision. The information provided is current and will differ from the original F471 because we have data available now that was not available to us at the time the form was filed. Several dates have had to be changed and this has in turn effected the funds requested:

Line 4: Provider Contract Number: "T".

Tarif is incorrect.

Line 5: "Effective Date of Discount: 04/24/1998 Contract Expiration Date: "

A contract was signed between Merit, Inc. and the Houghton Lake Public Library (HLPL) on 1/29/1998, however service did not begin until 04/24/1998 due to the installation of cable and electrical. The expiration date was initially 12/30/1998 but, was extended to June 30, 1999 under the direction of the SLC.

Line 6: "Estimated Total Annual Pre-discount Cost: \$68,775.00"

The estimated annual pre-discount cost is actually \$11,091.00 on the original F471.

**Block 5, Line 16, Items 4, 5, 9 and 10 of the 471 needs to be corrected as follows:**

Item 4: Should read 1/29/1998 as a pre-existing contract.

Item 5: Should read 6/30/1999

Item 9: Should read \$801.17 (the annual cost was mistakenly entered)

Item 10: Should read \$11,091.00 (this figure does not include the additional six months after extending the contract date to 06/30/1999, nor is it adjusted for the April start date. We were unaware the Funding Year would be changed and did not have a solid start date when the form was filed. It covers 12 months, but we actually received service for only 8 months in 1998 and we will continue to receive service until June 30, 1999. I cannot explain the \$68,775.00 amount, I can only imagine it is a typographical error. At no time did the Houghton Lake Public Library request a discount based on that figure.

Line 9: "Funding Commitment Decision Explanation: \$0.00 - Svcs. Not requested on F 470."

A 470 was filed for a pre-existing contract. A copy of the contract was sent with the 470. The 471 went through problem resolution 05/29/1998.

Line 10: "Funding Commitment Decision Explanation: The type of Services requested was not posted to the SLC website and thus did not meet the 28 day competitive bidding requirement."

It was our understanding that the pre-existing contract did not have to be posted on the website, however the contract was entered into 12/29/1997 and a 28-day waiting period was honored before a go-ahead was issued on 01/29/1998.

It is clear that the chain of events caused some confusion on our part, however we acted in good faith following the instructions and requirements of the moment. Many changes took place and it was difficult, at best, to stay within guidelines that were in constant flux.



# HOUGHTON LAKE PUBLIC LIBRARY

*"A Public Library -- Open to All"*

4431 W. Houghton Lake Drive  
Houghton Lake, MI 48629  
(517) 366-9230

The corrected figures would read as follows:

Block 5, Line 16, Item 1 143004331  
Item 2 736800000058071  
Item 3 blank  
Item 4 01/29/1998  
Item 5 06/30/1999  
Item 6 Dedicated Services  
Item 7 04/24/1998 (the date the service was actually usable)  
Item 8 \$1477.00 (costs for reuter, hub etc.)  
Item 9 \$801.17 (per month cost)  
Item 10 \$12,693.38 (this figure reflects the 4 months we did not receive service and the 4 months and the 6 month extension of the contract.  
Item 11 74%  
Item 12 Houghton Lake Public Library

We sincerely hope this clarifies things and remain hopeful that our request will be funded. This first year has been a trying one for all of us, but we remain optimistic that future years will improve. Please contact me by phone to further clarify things if that will help. Thank you for your time and assistance.

Sincerely,

Kim S. Frazho, Houghton Lake Public Library

Contact Person's Name Kim S. Frazho and Phone Number: \_\_\_\_\_

16. "Site Specific" Services: Internal connections not shared by multiple schools or libraries and dedicated ("private line") connections from only one school or library to an ISP or other end-user.

(1)	(2)	CONTRACT			(6)	(7)	Amount (See instructions about rounding)			(11)	(12)
SLC Number of Service Provider (Obtain from Service Provider)	Universal Service Control Number for Form 470 on which this is based	(3) Contract Number (if applicable)	(4) Award Date	(5) Expira- tion Date	Services or Products	Service Start Date	(8) Estimated One Time Pre-discount Cost	(9) Estimated Monthly Pre-discount Cost	(10) Estimated Total Annual Pre- discount Cost	Percent- age Dis- count (from item 14)	School or Library Code (Listed on website)
143004331	7368000000 58071	7	4/29/98	12/31/98	Dedicated Services	4/24/98	1477 <sup>00</sup>	9614 <sup>00</sup>	11,091 <sup>00</sup>	74%	Houghton Lake Public Library
					Internal Connections						
					Dedicated Services						
					Internal Connections						
					Dedicated Services						
					Internal Connections						
					Dedicated Services						
					Internal Connections						
					Dedicated Services						
					Internal Connections						

SLC Funding Notification Synopsis for Application Number: 00052629

Funding Request Number: 00049689 Funding Status: Unfunded or Denied  
SPIN: 143004331 Service Provider Name: Marit Network Inc.  
Provider Contract Number: T  
Services Ordered: Dedicated Services  
Effective Date of Discount: 04/24/1998 Contract Expiration Date:  
Estimated Total Annual Pre-discount Cost: \$58,775.00  
Discount Percentage Approved by SLC: N/A  
Funding Commitment Decision: \$0.00 - Svcs. not requested on F. 470  
Funding Commitment Decision Explanation: The type of service requested was not  
posted to the SLC website and thus did not meet the 28 day competitive bidding  
requirement.



# HOUGHTON LAKE PUBLIC LIBRARY

"A Public Library - - Open to All"

4431 W. Houghton Lake Drive  
Houghton Lake, MI 48629  
(517) 366-9230

Merit Network, Inc.  
4251 Plymouth Road, Suite C  
Ann Arbor, MI 48105  
Attn: Sara Peth

March 3, 1998

Post-It® Fax Note	7671	Date	3-11-99	# of pages	1
To	DONNA KLINGE	From	Kim S. Frazho		
Co/Dept	SLC	Co	HOUGHTON LK. Pub. Lib		
Phone #		Phone #	517-366-9230		
Fax #	973-581-659	Fax #	517-366-0063		

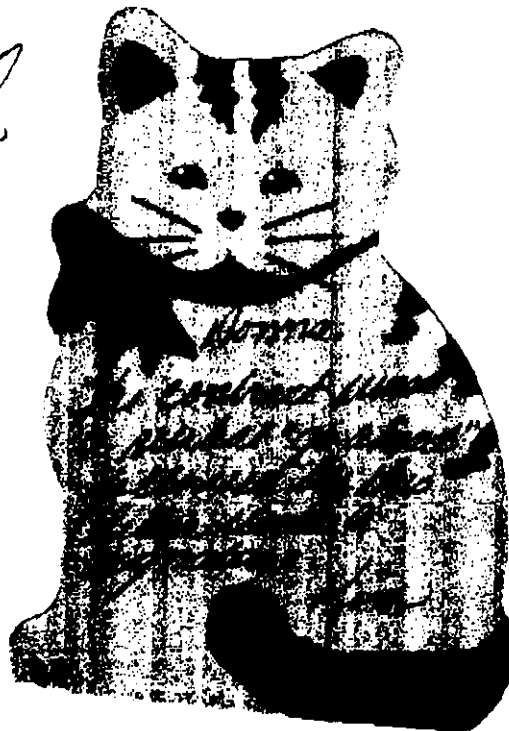
Dear Sara,

Please go ahead with the 128Kbps direct Internet connection discussed in the January 29, 1998, proposal.

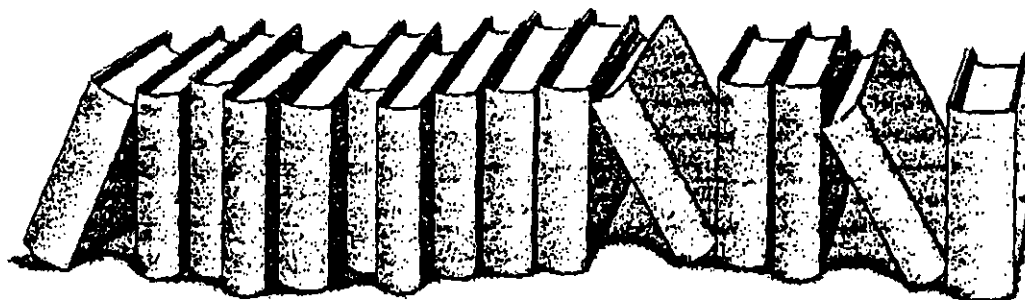
We look forward to doing business with you. If you have questions or need further information don't hesitate to call.

Sincerely,

Donna J. Alward  
Director







**Houghton Lake Public Library**  
**4431 West Houghton Lake Drive**  
**Houghton Lake, Michigan 48629**  
**(517) 366-9230 Phone or Fax**

# Fax Cover

From Kim S. FRAZHO  
Phone 517. 366. 9230  
Fax 517. 366. 0063  
Date 8-7-1998

To SLC  
ATTN: Matt McGourty  
Phone \_\_\_\_\_  
Fax 973. 581. 6759

No. of pages (including Cover) 2



Your  
Information



Confirm  
Receipt



Urgent!  
Please Reply



Matt,

WE DO NOT HAVE A CONTRACT WITH MERIT, ONLY A  
LETTER THAT WE SENT GIVING THEM THE 'GO AHEAD'. HERE'S  
A COPY OF THE BILL WE RECEIVED FOR THE INSTALLATION.  
IF THIS IS NOT SUFFICIENT PROOF, PLEASE LET ME KNOW.  
I CAN SEND WHAT EVER YOU NEED.  
THANK YOU!

Kim S. FRAZHO